



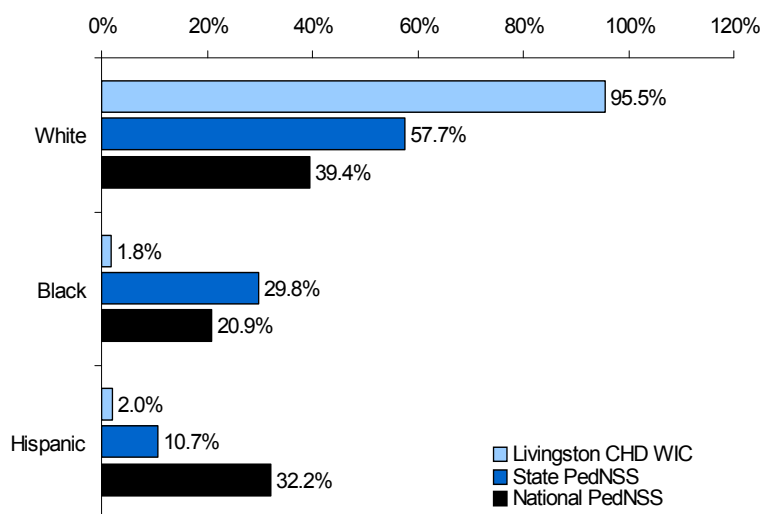
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

In 2000, 7.2% of the 156,951 residents of Livingston County were under the age of five years old. Also in 2000, 4.0% of infants and children under the age of five years old lived below poverty. In 2003, Livingston County Health Department WIC program (Livingston CHD WIC) served 1,088 of all infants and children under five years old participating in Michigan WIC. Statistics about infants and children participating in the revealed:

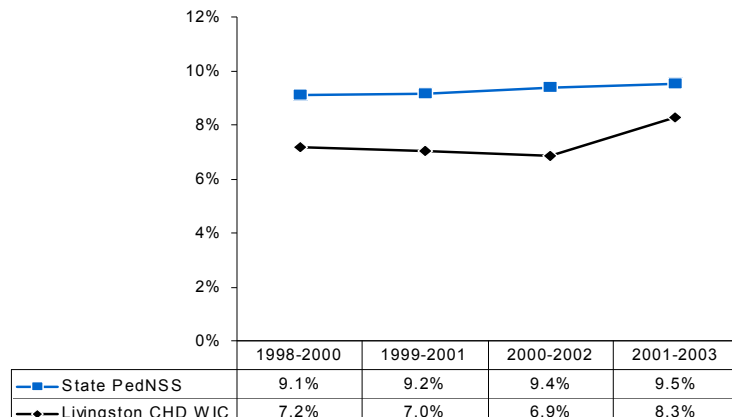
- The incidence of low birthweight was 8.3% and for high birthweight it was 13.2%;
- One in twenty infants and children under five years old (5.5%) were short in stature;
- 5.8% of children two to five years old were underweight;
- The combined prevalence of overweight and risk of overweight was 20.6%;
- Less the 5% of infants and children under five years old experienced iron deficiency anemia;
- 63.7% of infants were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Non-Hispanic White infants and children comprise 95.5% of Livingston CHD WIC participants under five years old. Consequently, this report will not show statistics for health/nutritional indicators stratified by race/ethnicity.

Figure 2. Local and state trends in **low birthweight*** among infants in the Livingston CHD WIC agency, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Although the incidence of low birthweight declined between 1998-2000 and 2000-2002 in Livingston CHD WIC, the overall incidence increased by about 5.3% per year.

The average annual percent increase in ever breastfed was 3.1% per year for Livingston CHD WIC infants and 2.6% per year for state WIC infants.

Figure 3. Local and state trends in **ever breastfed** among infants in Livingston CHD WIC, 1998-2003 PedNSS

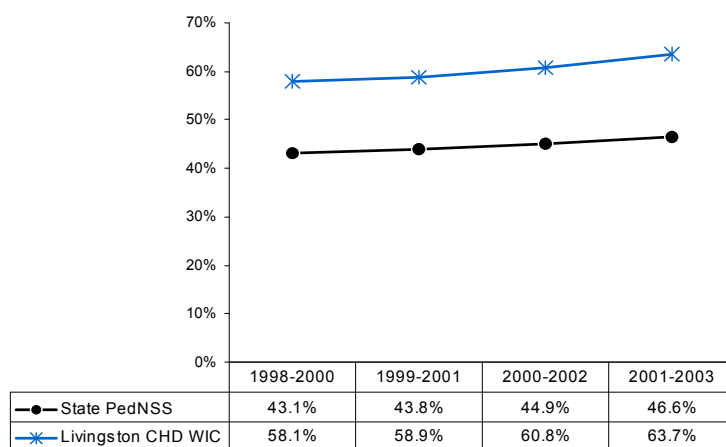
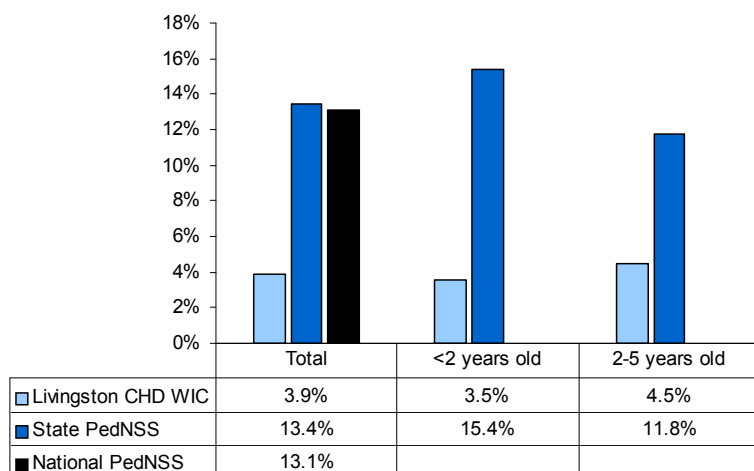


Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS

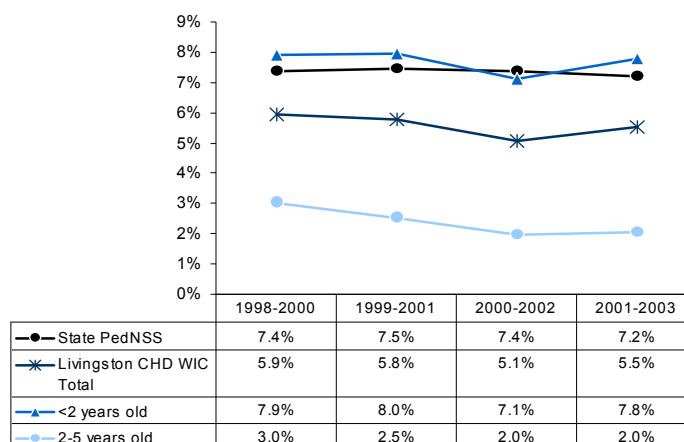


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Iron deficiency anemia effected only 3.9% of infants and children under five years old in Livingston CHD WIC.

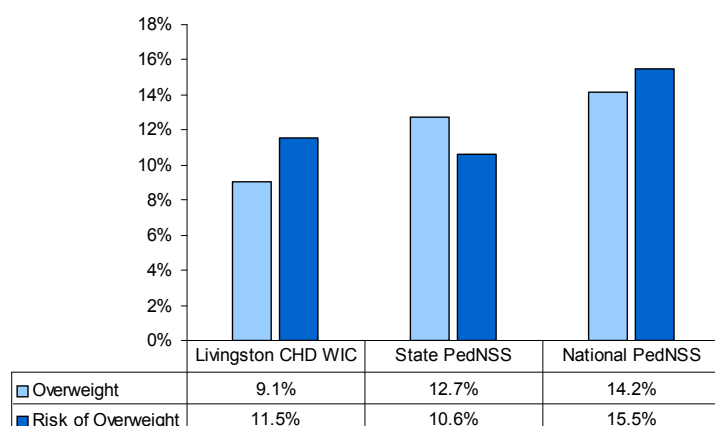
The prevalence of short stature among children two to five years old in Livingston CHD WIC declined by approximately 11.3% per year.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight*** and **risk of overweight**** among children two to five years old, 2001-2003 PedNSS



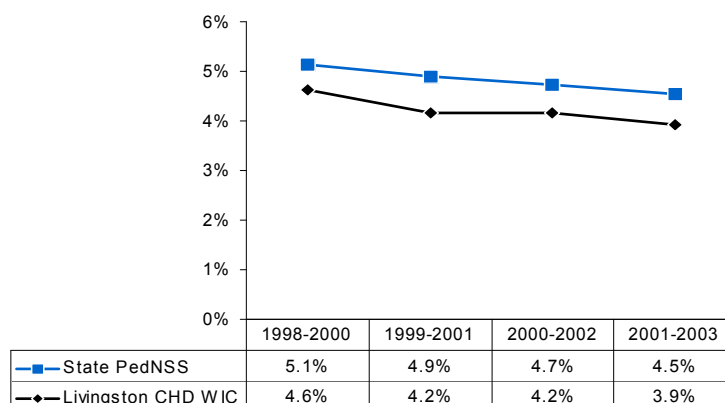
Livingston CHD WIC children two to five years old had the lowest prevalence of overweight than their state and national peers.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

**Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

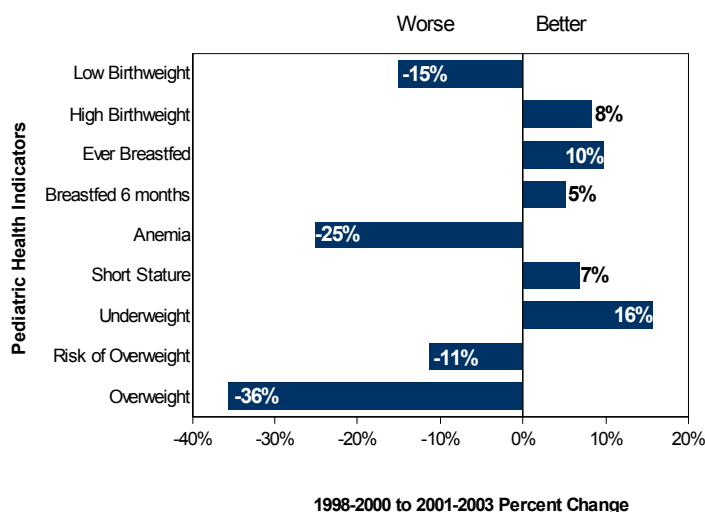
The 0.7 percentage point decline in the prevalence of underweight among Livingston CHD WIC infants and children represent an average annual decline of 5.4% per year.

Figure 7. Local and state trends in **underweight*** among infants and children under five years old years old, 1998-2003 PedNSS



*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Livingston CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Although Livingston CHD WIC made progress in five of nine health/nutritional indicators, improvements are necessary in the areas of low birthweight, iron deficiency anemia, and overweight.



Jennifer M. Granholm, Governor

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Michigan Department of Community Health WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.